STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000532	A. BUILDING _____ B. WING _____	05/01/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEKNOLL REHABILITATION CENTRE	160 N MIDDLE SCHOOL RD WINCHESTER, IN 47394

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	INITIAL COMMENTS This visit was for an initial survey of the Nurse Aide Training Program. Date: 05/01/2012 Facility Number: 0005532 Surveyor: Gina Berkshire, RN The Pine Knoll Rehabilitation Center was found to be in compliance with the Administrative Standards for the Indiana State Department of Health Nurse Aide Training Program, 410 IAC 16.2-3.1-14 and 42 CFR 483, subpart B.	T 000		